

**APPENDIX E**  
**MANUFACTURED HOUSING COMMUNITIES**  
**RESTAURANT SUPPLEMENTAL QUESTIONNAIRE**

Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Owner of Restaurant: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Section A-Equipment:** Indicate, which of the following apply, and the number of each:

Ranges \_\_\_\_\_ Ovens \_\_\_\_\_ Deep Fryers \_\_\_\_\_ Grills \_\_\_\_\_ Broilers \_\_\_\_\_ Griddles \_\_\_\_\_

Are deep fryers controlled by 475-degree high-limit thermostat? Yes \_\_\_ No \_\_\_

Is the distance between other cooking surfaces and the deep fryer a minimum of 16 inches? Yes \_\_\_ No \_\_\_

Are all combustible walls greater than 18 inches from the nearest cooking unit? Yes \_\_\_ No \_\_\_

**Section B – Vents, Hoods, & Ducts:** Provide the following information; not necessary details in the narrative:

Are all cooking units covered by hoods and vents? Yes \_\_\_ No \_\_\_

Are vents protected by filters or grease extractor system? Yes \_\_\_ No \_\_\_

Are hoods vented top the outside ducts? Yes \_\_\_ No \_\_\_

Do vents extend into or through roof space or other concealed areas? Yes \_\_\_ No \_\_\_

Are hoods vented at least 18 inches from combustible material or otherwise suitably protected? Yes \_\_\_ No \_\_\_

Are adequate clean-out openings provided? Yes \_\_\_ No \_\_\_

Is grease build-up noted anywhere on the exhaust system? Yes \_\_\_ No \_\_\_

Is there a contract with a commercial firm to clean and service the exhaust system? Yes \_\_\_ No \_\_\_

Does the cleaning schedule appear adequate? Yes \_\_\_ No \_\_\_

Are wiring and lighting protected from grease build-up? Yes \_\_\_ No \_\_\_

How often is the hood and duct system cleaned? \_\_\_\_\_ By whom? \_\_\_\_\_

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**Section C – Protection:** Provide the following information, note necessary details in the narrative:

Is the automatic extinguishing system provided in the hood and duct? Manufacturer:

Does the system cover all cooking surfaces? Yes \_\_\_ No \_\_\_

Is the automatic fuel shut-off provided? Yes \_\_\_ No \_\_\_

Is an accessible means of manual activation of the extinguishing system provided? Yes \_\_\_ No \_\_\_

Are separate temperature high-limit controls provided on the deep fat fryers? Yes \_\_\_ No \_\_\_

Are proper portable fire extinguishers provided in the kitchen? Yes \_\_\_ No \_\_\_

Is the maintenance contract maintained on the extinguishing system? By whom? Yes \_\_\_ No \_\_\_

How often is the extinguishing system serviced? \_\_\_\_\_ By whom? \_\_\_\_\_

Park Owner \_\_\_\_\_ Date \_\_\_\_\_

Restaurant Owner \_\_\_\_\_ Date \_\_\_\_\_

Any Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COPY OF CERTIFICATE OF INSURANCE SHOWING OUR INSURED AS AN ADDITIONAL INSURED MUST BE ATTACHED TO QUESTIONNAIRE**

This questionnaire is not intended as loss control services or a replacement for such service.